

Introduction to Special Section: Cities of Refuge and Cities of Strangers: Searching for Care and Hospitality in the City

Farhan Samanani

University of Cambridge

The last several years have witnessed a dramatic increase in anti-immigrant populist sentiment across much of Europe and North America, fueling everything from anti-immigrant violence in Greece, to the popular vote to terminate EU membership in the UK, to the nativist rhetoric of Donald Trump that has fueled his unexpected rise to power. In response, many commentators, both in the media and in the academy, have remarked that such sentiment is underwritten by a desire to re-claim a sense of agency and control in a world where domestic populations feel increasingly marginal and disempowered (e.g. Dreher 2016; Green 2016; Monbiot 2016). In no small way, these comments echo much of the anthropological work on hospitality, which has argued that practices of hospitality are used as a way for hosts to constitute a sense of their own sovereignty (Herzfeld 1987; Candea and Da Col 2012; Shryock 2012).

Yet if it is partially a cry for a renewed feeling of sovereignty at the heart of these movements, then this begs as many questions as it answers. At the household level, it's clear how acts of hospitality might be used to assert the capability of the householder to shape outcomes, not only in his own life, but in the life of his guests. Yet at a national level hospitality is necessarily metaphorical (Rosello 2002, Andrikopoulos, this volume). Most citizens will never host migrants themselves. Rather the question of hospitality becomes one of welcome by the imagined community of the nation, and of their inclusion within the national institutions that mediate hospitality and care. As such work must be done to symbolically render migrants as (increasingly unwelcome) guests, and citizens as (increasingly reluctant) hosts. At this scale, creating sovereignty through hospitality may well be less about the ability to enact actual outcomes and much more about the symbolic production of (imagined) community (Cohen 1985). This should prompt us to shift our scale of analysis away from the household to examine practices of hosting where face-to-face relations cannot provide an exhaustive explanation.

It is in this moment, and at this scale, that we have prepared this special issue on *Care and Hospitality in the City*. City life provides a unique lens for examining precisely what is at stake in care and hospitality, because it allows us to come to terms with both inter-personal and symbolic dynamics, and to observe their interplay; in the city, immigrants, and other others, are often simultaneously familiar neighbours and anonymous strangers, both personally-connected and abstract.

This introduction takes these two forms of relationship as the basis of its structure. It starts with the interpersonal and looks at the challenges of forming close relationships within the city. The classic urban dilemmas of connection, mutual communication and recognition take on new salience when held up against the requirements of what has been theorized as the 'logic' of care and hospitality, which require a high degree of inter-personal connection and understanding in an ever-shifting world. Hence, the second section examines the logic and dilemmas underlying practices of care and hospitality, and the

third section unpacks how these logics are challenged by some of the daily realities many city-dwellers face. In the fourth section, I go on to argue that mobile, symbolic representations provide one way of mediating these everyday challenges. Simultaneously, however, such representational strategies also present new challenges of their own, as care and hospitality become abstracted from the contexts of their everyday practice to become representations within systems of bureaucratic population management and abstract politics. Finally, in the fifth section, I review the papers collected in the issue in relation to these dilemmas.

This issue brings together a group of early-career researchers interested in meeting the dilemmas presented by care and hospitality across various scales head on. The contributors share a common concern over how the vulnerable and disadvantaged are able to live in the city, and the possibilities and limitations for care and hospitality to facilitate this inclusion within the urban environment. All the articles collected here take an ethnographic approach to unpacking these problems, and between them they traverse the globe—from Thessaloniki to Casablanca to Paris—challenging any notion of an archetypical city in the process. Nonetheless, the contributions follow certain common threads in thinking about care and hospitality across these diverse urban environments. In this introduction, I survey these shared foundations and draw out the key themes and problematics which arise.

Arriving in the city—alone and together

One of the central challenges posed by city life is that of being together. The forms of life possible in cities are especially dense and diverse in ways which tend to fragment geographies and networks of social interconnection. Being (in the phenomenological sense), then, is very possible in the city—the city is replete with possibilities for forms of life to emerge. It is being *together* which appears problematic, amidst the rushing currents of city life.

But sometimes being together is not a choice, it is a necessity. For those managing the tribulations of disease or disability, or those recently arrived as migrants to a strange new city, or made newly homeless and vulnerable, existing on one's own terms, or according to one's own wishes, ceases to be possible. Faced with such limitations, the myriad possibilities of the city can suddenly become largely inaccessible, and one begins to rely on others to open these back up. And insofar as the conditions of dis/inability or exclusion prevail, the ongoing support of others will continue to be needed. In short, 'being together'—co-managing the processes of being and becoming—are fundamental to the logic of care and hospitality. Urban life, then, poses a particular challenge for practices of care and hospitality, and vice versa. By interrogating each through the lens of the other, we are able to gain new insights.

The idea that urban environments pose a challenge to close communal life is not especially new. However, the trajectory of its development is worth sketching. A common point of departure is Georg Simmel's classic characterization of city life (1903), wherein he saw the urban plurality of forms of life as creating a hyper-stimulating environment which was likely to lead to estrangement and anomie, creating a sense of a city filled with distant and unapproachable strangers. Over time, our view has been transformed to recover particularly urban forms of connection. From the ecological model of Park and the Chicago school (Park et al. 1984; Gross 2004), which focused on processes of competition and communication, to more contemporary views of the city as a shifting assemblage of different

trajectories and connections (De Landa 2006; Allen and Cochrane 2007; Ignacio and Bender 2010; Mcfarlane and Anderson 2011; Mcfarlane 2011), different forms of urban interconnection have been emphasized. Overall, we can see this trajectory as one of rejecting the idea of the urban as innately alienating and instead focusing on the diverse prospects for developing a situated sense of belonging within the city.

However, this shift only goes so far. Our contemporary understanding of the experience of dwelling in the city still tends to focus on the individual as the most salient unit of analysis. Even if we have come to acknowledge that cities are teeming with forms of connection, and that dwelling within the city is a necessarily situated and connected process, we tend to think of each urban resident as *differently connected and differently situated* (see, inter alia, Appadurai 1990; Beck 1992; Massey 1994; Hannerz 1996; Dürschmidt 2000; Fog Olwig 2007). The diversity of the city allows for as many forms of life as there are people within it—and what's more, it provides such a range of symbolic and material resources, through which life can be woven, that these forms of life are likely to differ, each from the other, in marked ways.

The delicate logic of care and hospitality

Within this urban landscape, practices of care and hospitality are commonplace. We often think of care and hospitality as practices only relating to marked dependency, such as in the case of the frail and elderly, or in the shelter provided to asylum seekers. Yet no one is wholly self-reliant. Rather, the embodied ability to take part in city life will always be partially dependent upon the support of others, and will likewise remain unequal amongst individuals. As such, care and hospitality are not only practices for exceptional circumstances. Think of the countless little acts of care entailed in close friendships or parenting, or the hospitality provided within restaurants or hotels. These smaller acts of care and hospitality correspond to smaller needs that cannot be independently fulfilled. Perhaps your adult child, though largely independent, struggles with budgeting; perhaps you are emotionally and physically exhausted and in lieu of cooking, go out for a nice meal with your partner. Here processes of care and hospitality are present in small ways, as they always are to some degree, throughout our lives.

Indeed, there has been a recent shift towards thinking of care (as well as hospitality, to an extent) not as a discrete domain of action, comprised of pre-identifiable activities, but as a *logic*—as a mode of action, prevalent in all human lives. Annemarie Mol has influentially defined care as a “persistent tinkering in a world full of complex ambivalence and shifting tensions” (Mol et al. 2010, 14, see also Winance 2010). This may seem a bit vague, but what Mol is getting at is an idea of care as an ongoing activity, attuned to co-managing the fluctuating circumstances of life. The reality of living with a disease or disability is not a universal experience, but one which will throw up new challenges and dilemmas on a day-to-day basis that arise uniquely within the circumstances of one's life (Mol 2008). For one patient, diabetes may curtail the outdoor activity they use to gain sense of calm, for another it may put a damper on their ability to participate in company meetings, and for yet another the demands of working on a construction site may make it difficult to accurately and frequently measure one's glucose levels.

In this formulation there are two inextricably intertwined dimensions that care strives to address: physical need and subjective experience (Mol 2002). The interplay between these two dimensions is at

the heart of the approach to care and hospitality adopted by the various works in this issue. As such, it's worth unpacking these on a general level. In the case of care, the biomedical fact of disease may be a universal, as may be certain biomedical needs, but the experience of disease and the ability to address these needs are always refracted through one's subjective lifeworld. It is only through embodied experiences that diseases become manifest, and this means that the 'reality' of any disease will vary from patient to patient, as will the means of care which help salve these personal realities of hardship. And given the nature of day-to-day life—posing new and often unknown encounters, opportunities and challenges—the subjectively-mediated possibilities and limitations thrown up by disease cannot always be known in advance. Chronic disease or disability consequences can never be simply eliminated through one-off interventions, and as these consequences are necessarily subjective, they can never be wholly known in advance and are liable to change over time. Rather proper care must be about an ongoing process of co-management with patients in order to help them to navigate new circumstances, as and when they arise. And indeed, this applies to all forms of care, not just those involving disease or disability; any act of support for another must be attuned to the shifting experiences and particularities of their daily life, if they are to be effective.

Fundamental to this logic is the ability of proper care to secure a sense of subjecthood—a sense of being-in-the-world that is not fundamentally stymied by disease or dis/inability. But this is a tricky production. On one hand, care is meant to be an intervention against the shifting possibility of alienation. In this guise it aims to secure an ongoing sense of being a situated and agentive subject within the world. In turn, this means that the possibility of recognition (Honneth 1996)—of being understood by the other—is fundamental to care. At the heart of practices of care lies an implicit promise that carers can and will understand your own sense of subjecthood; that when you cannot dwell within the world on your own terms, others will help you to do so without transforming you into someone who feels alien to yourself (Borneman 1997; Gordon 1999; Conradson 2010). This requires a degree of close mutual engagement, communication and intimacy over time. Others cannot be known in an instant, nor can they be known without this perception being refracted through the contextual lens of particular always-partially-unpredictable encounters. Because of this, time is essential to care. As Hannah Arendt famously argued, it is sustained, responsive engagement over time that allows for understanding to emerge (1958; Lambek 2010).

On the other hand, in intervening against the prospect of alienation posed by disease or disability, care itself has the potential to become an alienating act. The ontology of care is a cyborg ontology, where the self is constituted through ongoing engagement with technological and human others (Lapum et al. 2012). But in this, carers must be careful not to dissolve patients sense of self within the various technologies and interventions that constitute daily care. Care entails ongoing tinkering at close quarters and in this there is a heightened risk that one goes from feeling like a *subject* undergoing care to an *object* of care—a physical problem to be solved (Mol 2002; 2008).

Yet care simply cannot be achieved without patients becoming active partners themselves—sharing their experiences and working to tease out processes which are not only effective but which feel empowering to themselves, as against their own reality of disease. Hence, to navigate the potential of alienation both posed by disease and by interventionist acts of care, the logic of care cannot be about

producing subjecthood *for* another, but must be about carers and patients *working collaboratively* to address the gaps in patients' sense of subjecthood.

This is an inherently imperfect process, even when sustained over time. Time may refine our understanding of another, but the fact remains that carers (and likewise hosts) have no magical ability to directly understand or gratify those they support. Rather, they constantly strive to apprehend the various subjective moods, perceptions, needs and desires through *objectified* means that sit at a distance to subjective experience, sometimes through medical instruments but also through words, actions and other objects that act on those they support. No particular test or instrument, and no particular word or phrase can fully capture the reality of living with a disease or disability. But if these measurements and descriptions provide imperfect representations of another's state of being, they nonetheless allow us to represent such a state in a way that allows us to then work on it.

Gaps between subjective states and objectified understandings of, and responses to, such states, are inevitable and may generate the need for further interventions in the future. In other words, carers and those they care for must struggle with an ongoing problem of commensurability between the subjective and the objectified: what combination of drugs is likely to alleviate pain whilst still allowing a desired level of activity; what level of support in navigating the busy streets will be experienced as helpful and empowering without going so far as to become patronizing and controlling? Again, these are imprecise questions with shifting answers, requiring a 'persistent tinkering' over time.

The same intertwining of physical need and intersubjective recognition and the same resulting problem confronts hospitality. The paradoxical nature of hospitality has most influentially been elaborated by Derrida (2000; Derrida and Dufourmantelle 2000). On one hand, Derrida suggests that ideal hospitality ought to entail unequivocal welcome—a sheltering of others that doesn't compromise their sense of subjecthood. On the other hand, he recognizes that this is impossible since such shelter could only be offered within spaces where one holds sovereignty, and can thus protect sheltered guests from outside threats. Yet the assertion of this sovereignty also undermines the ideal of hospitality, as it subordinates guests to hosts.

Take for example the fairly mundane case of restaurants. In many ways, the object of such institutions is to provide customers with an experience they find fulfilling on their own terms. Customers are offered choice of food and a promise of enjoyment, waiters are trained to be accommodating and civil, and they are given space to socialize as they wish. Yet restaurants are also built from various technologies of control that make this service provision possible, but which constrain the possibilities for enjoyment in the process. Customers may have to queue or wait, menus restrict choice to what is feasible for the kitchen, and so on (Lashley 2008). And the more guests are dependent on hosts, the greater this paradox is. In a restaurant, patrons still retain a high capacity for self-sufficiency—to the point where they are easily free to leave, and eat elsewhere or cook for themselves, should they feel unfulfilled. Restaurants typify a case of hospitality where guests are only, ultimately, minimally dependent upon hosts.

The same cannot be said for refugees, who may have nowhere else to go, or no other means of sustaining themselves. Yet the high-degree of sovereignty mobilized to protect, shelter and ‘manage’ refugees can quickly transform hospitality into a coercive exercise and work to isolate them from the rest of society, rather than facilitating their inclusion (Darling 2009). Indeed, the greater the need for hospitality—in which the intimate spaces of various homes and homelands are called upon to make room for strangers—the greater people are likely to feel a threat of alienation and unpredictable danger, and to respond accordingly, in an often heavy-handed manner to (re)constitute a sense of sovereignty (Rosello, 2002; Geschiere 2013).

Confronted with this paradox, anthropologists and other ethnographers have come to prefer not to approach hospitality as a singular phenomenon, but as an always situated and bounded practice, comprised of different ways of negotiating or working with this paradox. Here, the logic of hospitality emerges as one similar to that of care—a constant back and forth between accommodation of an other, and the more deterministic practices needed to make this accommodation possible. As guests, hosts and domains of hospitality shift from day-to-day, these balances need to be sought anew (Candea and Da Col 2012; Shryock 2012; Candea 2012).

At the same time, anthropologists have long recognized hospitality as an instrumental practice for hosts. Taking on guests can be a way of constituting one’s own sovereignty and accruing political and cultural capital (Boissevain 1966; Herzfeld 1987; Rosello 2002). What may well be the canonical act of hospitality—that of villagers sheltering bandits—illustrates this clearly, as such acts bring hosts into ambivalent relationships with the village and the state, where the hospitable household is made to both supersede these institutions, whilst still remaining constituted by them (Pitt-Rivers 1968; Candea 2012). In this way, hospitality functions as an everyday mode of taking responsibility for others, partly in order to constitute oneself (see Andrikopoulos, this issue). And, coming full circle, the same can be shown for care—carers will take on or resist such roles to the extent that they fit their personal narratives of self (Kleinman 2009; Forbat 2005; Hughes et al. 2013; Cloke et al. 2007; Netto et al. 2009).

Importantly, then, while the logics of care and hospitality permeate daily practice, both practices are riddled with tension and rarely manifest in their ideal forms. At times, proper care or proper hospitality are indeed the goals, but everything from limited resources to the difficulty and slipperiness of intersubjective understanding may prevent them from being achieved.. But in many other instances, care and hospitality are produced as emergent logics from other practices—the hospitality industry is first and foremost an industry, oriented towards profit, and the extent to which the logic of hospitality emerges is ultimately limited by the need to keep the industry running as such, as noted above. Most often, however, we face a mix of the two—carers and hosts are never singularly so, but remain defined by broader agendas, understandings and political-economic processes, each carrying partly-countervailing logics. The logics of care and hospitality are thus both identifiable within a broad range of practices and yet also diffuse, never dominant, and always intermingled with other, competing logics.

This everyday mingling and clash of logics means that, while the *logic* of care and hospitality is an ongoing negotiation between determinacy and acceptance which allows for a sense of self to emerge and be sustained, the *reality* of practices of care and hospitality never plays out so neatly. In line with

this view, the contributors in this volume do not unduly valorize care and hospitality, but strive to unpack the complex and often-fraught everyday attempts at being-together found throughout the city.

Questions of care and hospitality in the city

If the logics of care and hospitality permeate daily practice to varying extents, they nonetheless emerge as problematic particularly in urban contexts for two reasons—each linked to one of the two intertwined dimensions of care and hospitality outlined above—meeting practical needs, and creating close, intersubjective-understanding in order to do so. Hence the first problem is practical, emerging in relation to fulfilling needs, and is especially prominent in cases where dis/inability is particularly pronounced. Here, care and hospitality emerge as problematic because the states of dis/inability and exclusion that they address serve as fixed points in lives otherwise situated within the shifting order of the city.

Even with the vast possibilities of the city in front of you, if you are facing the reality of dementia, diabetes, linguistic inability or addiction, you personally embody a significant inability to engage with these possibilities, and this inability travels with you—it is an ever-present factor in your attempts to negotiate daily life, even if it manifests differently in each scenario. To be sure, we all face inability and all rely on acts of care and hospitality in our own ways and to different extents. But when this reliance exists to the extent that one feels one cannot inhabit the world without the support of others, then cities come to pose a pragmatic challenge. In the language of ‘right to the city’ arguments, dwelling in the city requires an ability to appropriate and remake its resources (Mitchell 2003; Harvey 2012), but appropriation is easier and more autonomously-accessible for some than for others (Isin 2002).

When it comes to competing claims to urban resources, those reliant upon care or hospitality are at a clear disadvantage. In part because they often don’t fit the normative model of autonomous citizens (Walmsley, 2006; Redley and Weinberg, 2007; McKearney, this issue), but also because they are less likely to command the forms of capital needed to articulate these claims themselves (Mitchell, 2002). In particular, they may be less mobile within the city, or less adaptable than many of their fellow urbanites to the changes that can often characterize city life. How then, might cities and citizens mediate these problems of accessibility?

More fundamentally, the city poses a particular challenge to the processes of recognition underlying the logic of care and hospitality. This is an inter-personal challenge. If ultimately, care and hospitality are modes of redress for shifting subjective experiences of alienation then, as argued above, what they require above all else is understanding. But the possibilities for establishing and maintaining close inter-subjective understanding in the city are different than elsewhere. The influential pictures of metropolitan life painted by theorists such as Hannerz (1996) or Appadurai (1990, 1995) are ones of different individuals situated at largely unique points within a wide web of global flows. The intersection of material environment, ideas, technologies and social relations which shape our life worlds, and thus our sense of self, are likely to vary, in important way to those of others—and this is especially so in metropolitan environments where these flows are produced, and tend to proliferate (Sassen 1991; 1996; Eade 1997). How then, might the intimate understanding required for care and hospitality be

achieved—especially when one party to the relationship is much more likely to start out as an unknown stranger?

Mobile subjects, mobile representations

Both the pragmatic and the interpersonal challenges become amplified when considered at the scale of the city as a unit. It is difficult enough, on an inter-individual level *within* the city, to maintain access to proper care, a sense of connection, and an adequate sense of being understood. But when one comes to consider how cities can be caring and hospitable *as a whole*, these problems take on new dimensions. As Amin argues, urban sociality is not directly reducible to the sum of inter-human relations, and that “people are made as social beings through many modes of dwelling and association that exceed the encounter” (Amin 2010: 2-3). The upshot of this is that there can be no one locus or environment that can be experienced as caring and hospitable by all the city’s residents. Rather, if one dwells within the city by appropriating it—by incorporating elements of its material, social and meaningful geographies into one’s own daily life in particular ways (Mitchell 2003; Isin 2002; Harvey 2012)—then the ‘good’ city is characterised not by providing care and hospitality directly to people, but by allowing them to discover and produce it. And discovery and production in turn mean going beyond the familiar to find, appropriate and re-make new resources within a shifting landscape. These processes involve becoming mobile subjects within the city, but in doing so, people’s lives take on a second dimension.

Exploring the city may be empowering, but in doing so one also becomes objectified through abstract and mobile symbolic representations. Not defined by inter-personal relationships, at the scale of the city people become migrants, homeless, dementia-sufferers, and so on. These symbolic representations are generated and circulated within the city to allow for relationships that do not require proximity. Such representations are produced as people interact with local and state bureaucracies and their presence becomes noted and signified, in a way which reconstitutes them as objects of various population-level policies of governance.

Meanwhile public presences in the city become noticed by others, and likewise prompt further representational practices. In public life, those who do not fit the mold of the autonomous, liberal citizen are often rendered especially visible. Living lives partially in and through public resources and spaces, migrants, the homeless, the poor and the disabled all become symbolic objects within public debate, which then feeds back into the perception of individual citizens. They are discussed in the media and in town councils, with or without their voices present, and though such channels, they are also discussed at the dinner tables of those who engage with them on the basis of these mobile, abstracted representations.

In short, in urban life, we exist not only at an inter-personal scale, but at a symbolic one as well. We take on second lives, as figures in popular imagination, whose lives, choices and welfare become bound up in public and private imaginaries of identity and the good life. We become a part of the symbolic dramas of the imagined community (Anderson 1991). Indeed, many of the managerial policies aimed at particular populations in need of care or hospitality become more about managing the conceptual ‘threats’ they pose to particular national narratives and modes of citizenship (Mitchell, 2003).

Yet, participating in these public discourses can also be a way of claiming rights on a broader scale. Going beyond intra-personal dependency, participation in public life also allows those dependent upon care and hospitality to gain new, more mobile and more transferable forms of recognition and rights (Andrikopoulos, Hauserman, this issue). Just as people re-map the city to create new geographies where recognition can be sought, their needs are met, and they can live, they also reshape the public sphere, creating new possibilities for wider connection and understanding, and transforming modes of public inclusion in the process.

However, on a pragmatic level, in many cases the key resources needed for care and hospitality are provided by municipal and state governments—as public goods which cared-for citizens, or welcomed migrants have particular rights of access to. And insofar as this is so, governments and city authorities in particular need to find ways of redressing these dilemmas around inclusion, recognition and providing stable care and hospitality. Indeed, the possibilities and limitations of state provision are touched on by all the papers collected here in different ways.

In most cases, state authorities tend to address these problems by providing services at a high level of generality—whether these are delivered directly by the state, through public-private partnerships, or directly through the market. Again, to greater or lesser degrees, different, fundamentally situated, subjective experiences of need for care and hospitality are reified into more mobile diagnostic representations—“dementia sufferer”, “refugee” “addict” and so on. As Foucault has famously argued, such diagnostic categories enable governments to conceptualize and address subjects on the level of demographically-determined populations (Foucault 1980; 1998; Miller and Rose 1990).

Importantly, the pieces here caution against any simplistic equation between such generic state services and alienation. Rather than the salient contrast being between alienation and recognition, it is more useful to think in terms of more-or-less mobile modes of care and hospitality. Oftentimes, the modern state may attempt to provide services not through homogenized population-wide solutions, but through the provision of resources that, by dint of their generic nature, can be appropriated and dynamically re-situated in different ways. This is one way to understand the provision of independent-living grants, personal at-home carers, and other resources often framed by the state itself as anti-institutional (McKearney, this issue). However, in such cases the onus to appropriate and re-situate these resources may still lie primarily with patients and guests. Such approaches frame patients and guests as autonomous consumers, able to express self-consistent choices over time, rather than engaging in the co-production of subjective selves (Mol 2008). In some cases, this may well be empowering, especially when contrasted with modes of care and hospitality which are over-determining. But in others cases, such distance opens up possibilities for new slippages and exclusions (McKearney, this issue).

The reason it is useful to think of more abstracted, or more intimate forms of care and hospitality as enabling different scopes of mobility, is because, again, some degree of mobility is fundamental to dwelling within the city, and may be especially so when one is vulnerable. Against nostalgic visions of ‘authentic’ care as located within a sphere of familial intimacy, city life opens up a wider range of possibilities for daily life which may well prove more empowering.

Yet in order to access, appropriate and inhabit these possibilities, one needs to live life at different scales. Centres offering new resources of care may be geographically distant. In other cases it may be through performing the mobile symbolic repertoire of national-identity, socio-cultural affiliation, or religion that allows migrants to find acceptance and dwell within specific neighbourhoods (Andrikopoulos, this issue). Or again, practices of dwelling may not be localized at all, but constituted through appropriating and weaving together resources across the city (Lenhard, this issue). Vulnerability compounds this. Mol's definition of care as in 'persistent tinkering' alerts us to a tactical dimension to care and hospitality, in the sense set out by De Certeau—that is one of living life responsively, oriented towards the present first, with hope for an emergent future, rather with than certainty of a planned one (1984; see also Han 2012). If the daily subjective reality of living with dis/inability cannot be known in advance, then one always needs to be able to respond dynamically, as this reality transforms over time. Here, accessing new possibilities and resituating oneself across the city as circumstances change allow for a greater dynamism that can help to mitigate the experience of vulnerability (Strava, this issue).

However, if the city is replete with different possibilities for dwelling, this is ultimately a double-edged sword. Being able to move between, and appropriate these various possibilities may well be empowering, but ultimately, as noted, care and hospitality also require a mode of intimacy—a sense that one can be recognized, understood and empowered within terms that feel authentic to oneself. Here, the surplus possibility of the city is not only an opportunity, but may also pose a threat—especially in cases where one cannot identify with much of the experience of city life, but must nonetheless continually respond to these experiences. Simply put, life cannot be wholly lived in a tactical vein—in order for one to establish a stable sense of self, and a sense of belonging, one requires the ability to act through and within one's environment. This, in turn requires expectations about oneself and one's environment that endure overtime (Anthias 2006; Samanani 2014). Having to continually engage with a city that one cannot anticipate, then, can threaten to destabilize the more situated understandings and strategies which ground practises of care and hospitality (Strava, Lenhard, this issue). Indeed, this problem of anonymity, flux and change in relationships is one of the reasons why an 'institutional' approach towards care has regained some credibility as of late (see Hausermann, McKearney, this issue)—such institutions can provide some much-needed familiarity and stability in the caring relationship.

One response which emerges out in the contributions here to this lingering threat of instability and alienation is that of re-mapping the city into sub-geographies. In many of the contributions, particular forms of care and hospitality are made possible by careful combinations of closure and openness in daily practice, which make certain aspects of the city accessible whilst sheltering against the encroachment of others. These geographies have their own temporal rhythms and spatial interconnections attuned to particular projects of co-managing being, and try to reproduce these rhythms and connections in a denser way than possible in the city at large (Lenhard, Hauserman, McKearney, Strava, this issue). Care and hospitality, then have their own geographies—they are never in 'the' city but always exist within a particular rendition of it that allows for a mediation between possibility and intimacy, recognition and distance.

Contributions:

These tensions and dilemmas and the possibilities and limits of urban care and hospitality that they suggest are the main focus for the contributions to this special issue. All the contributors are ethnographers and share a commitment to approaching urban care and hospitality inductively, studying them as they emerge from grounded experience. This means they don't romanticize these concepts—taking them as innate goods to be identified, valorized and maximized. Rather the focus is exploratory, paying careful attention to context and emergent forms but nonetheless ethically attuned, looking for the possibilities for self-defined well-being and a sense of self-valued subjecthood emerging in each of their particular cases. Across these contributions it becomes clear that no one city is paradigmatic of the urban, nor are there singular modes of care or hospitality which exhaust the possibilities of these concepts. Rather these contributions make clear just how practices of care and hospitality engage through close, ongoing negotiations.

McKearney's article starts by unpacking the legacies of institutional care in the UK. McKearney zooms in on the modes of citizenship and ethical relationship that emerge out of particular modes of care. Focusing, in part, on members of a Christian organisation called L'Arche, he contrasts care in L'Arche with the 'mainstream' modes of care provided elsewhere throughout the city. McKearney argues that both modes of care respond to negative memories of over-determining 'institutional' care, but in very different ways, that create very different citizens. L'Arche in particular takes an ethic of care that focuses not only on recognition but on mutual transformation between carers and recipients of care. Indeed, in this context, this theologically inflected ideal is less one of instrumentally-oriented care and more one of intertwining and co-managing experiences of being.

Importantly, in line with the vision of care set out here, McKearney emphasizes how the vision of care at L'Arche is necessarily an ongoing and shifting project. He delicately contrasts this to the vision of autonomous, public citizenship advocated by 'mainstream' models of care, arguing that autonomous dwelling in the city may simply not be a possible mode of citizenship for some, no matter how well-supported they are. In this regard, McKearney's work functions as an interrogation of the possibility of ethical projects within urban environments. The work L'Arche does is as much based on disengagement as it is on engagement, and the picture of the city that emerges is partial and fragmentary, existent only insofar as connections to parts of the city can be drawn from within L'Arche. But if this disengagement secures space for its own ethical project to emerge, it also helps render this project harder to comprehend and value within mainstream models of citizenship, which may struggle to recognise the forms of personhood and public life produced within L'Arche.

The struggle between different modes of dwelling, and the different projects of self-formation that these are caught up in, is also central to the piece by Apostolos Andrikopoulos. Rather than using the lens of assimilation/integration to examine the reception and adaptation of migrants, Andrikopoulos finds greater analytical mileage in that of hospitality. Recognizing the power dynamics behind the expectations of conformity championed within ideas of assimilation or integration, he unpacks these dynamics in the case of Antheon, a neighbourhood of Thessaloniki. Here, he argues that taking on the role of 'host', and imposing the expectations common to good guests becomes part of how the settled Greek population creates a sense of locality, and a place in the wider world, for itself. These acts of self-

constitution are enacted through the expectation that migrants display the outward markers of Greek customs and understandings—what Andrikopoulos describes as mimesis. This mimesis serves as a sort of shorthand signal for the possibility of co-dwelling—an indication that the claims that the migrants will make on their hosts will not be disruptive to their own practices of dwelling, but will in-fact help reproduce a familiar social world. Those migrants, then, who are cast as bad guests (such as those from the former Soviet Union), are seen as disrupting distinctions between public and private—intruding on the intimacy of the home and its projects of dwelling, or else appropriating the resources used within these projects for public use. Yet, at the same time, the greater inclusion afforded to Albanian migrants allows them to move beyond a purely ‘mimetic’ citizenship, as their inclusion prompts native Greeks to rethink the terms of belonging which build the nation. In this process, the hospitality directed towards migrants not only constitutes the sovereignty of the Greek nation, but transforms it in the process.

This breakdown of an ideal-type of care and hospitality is pushed much further by Johannes Lenhard, who challenges the notion that the homeless are simply needy recipients, patients or guests, and looks instead at the ambivalent forms of dwelling caring and hosting that the homeless engage in themselves. With this, comes the idea that care and hospitality are not a one-way street—simply flowing from those with resources and power to those in need—but fundamental to establishing a sense of self and agency within the city.

Looking at homeless drug users on the streets of East London, Lenhard provocatively argues that their lives entail forms of care, first and foremost for the drugs and secondly for each other, which often develops out of a shared dimension of care for the substance. While the first form can split geographies of the city—and the social—apart, the second is able to tie them back together. Underlying the different forms of care, whether they be romantic love, or a needle fixation, are two fundamental desires. Firstly, there is a desire for intimacy, as an arena where one’s deeply felt sense of self can be expressed and explored, without feelings of misunderstanding and alienation arising. This is achieved not only through care for others with drug habits—who do not judge but do understand—but also through care for drugs and drug-paraphernalia, which come to be experienced as external others whose desires can be fulfilled through proper care. Care, in this formulation, is not only about receiving understanding from others but being able to provide it. This two-way exchange of understanding is a marked part of Lenhard’s collaborators’ experiences with drugs. Secondly, there is a desire for a sense of possibility and especially for connection in one’s life trajectory. Caring for others and for drugs re-embeds users within the city, where as homeless members they are often disregarded. Within this, new geographies centered around drug use and care emerge, which reproduce a sense of interconnection. And from this sense of interconnection emerges a sense of new horizons. Both the bodily sensation of getting high and the various relationships held dear by the homeless evoke ways in which they can move beyond their present circumstance and come to inhabit possible futures. Acts of care, then, entail a persistent tinkering that both strive to make this future self-feel plausible, whilst maintaining a sense of intimacy in the present.

The first three articles look at cases where care and hospitality are projects with at least a reasonable chance of success. Lenhard complicates this picture by looking at instances of care where caring acts both act to mitigate some vulnerabilities whilst reproducing or even worsening others. In the final article

Strava moves this one step further by looking at how people cope in instances where precariousness and uncertainty are constant forces which always (at-least partially) undermine caring efforts. Providing an account of the delicate forms of care that develop on the margins, Strava examines what exactly it means to care for oneself and for family in conditions typical to post-colonial urbanism. Through carefully following the everyday life of one of her key informants, living in Casablanca's Hay Mohammadi slum, Strava looks at the way care is sometimes simply a ritual of endurance, or even one used to *intentionally* reproduce some aspects of one's marginality. Strava draws on Freud's concept of the 'unhomely' and Das' argument (2007; 2008) that the domestic and intimate can be a source both of belonging and alienation to unpack how the instability of life on the urban margins becomes a part of everyday practices of dwelling. Strava's account is an instance where acts of care are *especially* provisional— especially focused on the exigencies of the present, and on opening up a bit of space for well-being to emerge, rather than on a future that is beyond most slum-resident's ability to predict or control. Moreover, with the outcome of any act of care being fragile and uncertain, care is often recast as something which emerges over time, in modes of practice that are oriented towards ideals of intimacy and domesticity. Finally, for Strava, acts of care are ambivalent as they can also involve the intentional reproduction of a sense of un-homeliness, as a way of gaining a sense of control over one's life, including such un-homely elements, and thereby developing a sense of acceptance.

Collectively, then, these contributions reveal care and hospitality as important lenses for interrogating urban life. The patient and guest emerge as liminal figures—neither outsiders to the city who are rendered wholly alien and alienated, yet nonetheless embodying an inability to wholly inhabit it. As such the often-obscured limits and possibilities of city life are brought out vividly in the lives of such figures, as the ethnographic accounts here illustrate in detail. Meanwhile, it is through practices of care and hospitality that such figures find ways to inhabit the urban landscape. These are never unproblematic, but riddled with tension, where the brimming possibility of the city presents itself as a both a blessing and a curse. On one hand this possibility signals the potential for life to go on, because there are always other possibilities, other contexts, with which to try one's hand, but also a threat, that the cyborg-connections of mutual-understandings and situated practical strategies of coping are all too unstable in the urban environment. This volume emphasizes that this ambivalence is ultimately necessary—that practices of dwelling through care and hospitality must exist, and continually negotiate with the ambivalence of the city.

References:

- Allen, John, and Allan Cochrane. "Beyond the Territorial Fix: Regional Assemblages, Politics and Power." *Regional Studies* 41.9 (2007): 1161–175.
- Amin, Ash. "Cities and the Ethic of Care for the Stranger." Joint Joseph Rowntree Foundation/University of York Annual Lecture 2010. University of York, York.
- Anderson, Benedict. *Imagined Communities*. New York: Verso, 1991.
- Anthias, Floya. "Belongings in a Globalising and Unequal World: Rethinking Translocations." in *The Situated Politics of Belonging*. Ed. Nira Yuval-Davis, Kalpana Kannabirān, and Ulrike Vieten. London: SAGE, 2006.
- Appadurai, Arjun. "Disjuncture and Difference in the Global Cultural Economy." *Theory, Culture & Society* 7.2 (1990): 295–310.
- Arendt, Hannah. *The Human Condition*. Chicago: U of Chicago, 1958.
- Beck, Ulrich. *Risk Society: Towards a New Modernity*. Trans. Mark Ritter. London: Sage Publications, 1992.
- Boissevain, Jeremy. "Patronage in Sicily." *Man* 1.1 (1966): 18–33.
- Borneman, John. "Caring and Being Cared For: Displacing Marriage, Kinship, Gender and Sexuality." *International Social Science Journal* 49.154 (1997): 573–84.
- Candea, Matei, and Giovanni Da Col. "The Return to Hospitality." *Journal of the Royal Anthropological Institute* 18 (2012): S1–S19.
- Candea, Matei. "Derrida En Corse: Hospitality as Scale-free Abstraction." *Journal of the Royal Anthropological Institute* 18 (2012): S34–48.
- Cloke, Paul, Sarah Johnsen, and Jon May. "Ethical Citizenship? Volunteers and the Ethics of Providing Services for Homeless People." *Geoforum* 38.6 (2007): 1089–101.
- Conradson, David. "Spaces of Care in the City: The Place of a Community Drop-in Centre." *Social & Cultural Geography* 4.4 (2003): 507–25.
- Darling, Jonathan. "Becoming Bare Life: Asylum, Hospitality, and the Politics of Encampment." *Environment and Planning D: Society and Space* 27.4 (2009): 649–65.
- Derrida, Jacques, and Anne Dufourmantelle. *Of Hospitality*. Stanford, CA: Stanford UP, 2000.
- Derrida, Jacques. "Hostipitality." *Angelaki* 5.3 (2000): 3–18.
- Dreher, Rod. "Trump: Tribune Of Poor White People." *The American Conservative*. American Ideas Institute, 22 July 2016. Web. 28 July 2016

- Dürschmidt, Jörg. *Everyday Lives in the Global City the Delinking of Locale and Milieu*. London: Routledge, 2000.
- Eade, John. *Living the Global City: Globalization as a Local Process*. London: Routledge, 1997.
- Farias, Ignacio, and Thomas Bender. *Urban Assemblages: How Actor-network Theory Changes Urban Studies*. London: Routledge, 2010.
- Forbat, Liz. *Talking about Care: Two Sides to the Story*. Bristol, UK: Policy, 2005.
- Foucault, Michel. *The History of Sexuality. Vol. 1: The Will to Knowledge*. London: Penguin, 1998.
- Foucault, Michel. "The Politics of Health in the Eighteenth Century." in *Power/knowledge: Selected Interviews and Other Writings, 1972-1977*. Ed. Colin Gordon. New York: Pantheon, 1980.
- Geschiere, Peter. "Sociality and Its Dangers: Witchcraft, Intimacy and Trust." in *Sociality: New Directions*. Ed. Nicholas J. Long and Henrietta L. Moore. New York: Berghahn, 2013.
- Gordon, Paul. *Face to Face: Therapy as Ethics*. London: Constable, 1999.
- Green, Sarah. "#Brexit, Europe and Anthropology: Time to Say Something." *Allegra Lab*. Allegra Lab Association, 01 July 2016. Web. 28 July 2016.
- Gross, M. "Human Geography and Ecological Sociology: The Unfolding of a Human Ecology, 1890 to 1930--and Beyond." *Social Science History* 28.4 (2004): 575–605.
- Han, Clara. *Life in Debt: Times of Care and Violence in Neoliberal Chile*. London: U of California, 2012.
- Hannerz, Ulf. *Transnational Connections: Culture, People, Places*. London and New York: Routledge, 1996.
- Harvey, David. *Rebel Cities: From the Right to the City to the Urban Revolution*. New York: Verso, 2012.
- Herzfeld, Michael. "As in Your Own House: Hospitality, Ethnography and the Stereotype of Mediterranean Society." in *Honor and Shame and the Unity of the Mediterranean*. Ed. David D. Gilmore. Washington, D.C.: American Anthropological Association, 1987.
- Hughes, Nic, Louise Locock, and Sue Ziebland. "Personal Identity and the Role of 'carer' among Relatives and Friends of People with Multiple Sclerosis." *Social Science & Medicine* 96 (2013): 78–85.
- Isin, Engin F. *Being Political: Genealogies of Citizenship*. Minneapolis: U of Minnesota, 2002.
- Kleinman, Arthur. "Caregiving: The Odyssey of Becoming More Human." *The Lancet* 373.9660 (2009): 292–93.
- Lambek, Michael. "Introduction." Ordinary Ethics: Anthropology, Language, and Action. in *Ordinary Ethics*. Ed. Michael Lambek. New York: Fordham UP, 2010.

- Landa, Manuel De. *A New Philosophy of Society: Assemblage Theory and Social Complexity*. London: Continuum, 2006.
- Lapum, Jennifer, Suzanne Fredericks, Heather Beanlands, Elizabeth Mccay, Jasna Schwind, and Daria Romaniuk. "A Cyborg Ontology in Health Care: Traversing into the Liminal Space between Technology and Person-centred Practice." *Nursing Philosophy* 13.4 (2012): 276–88.
- Lashley, Conrad. "Studying Hospitality: Insights from Social Sciences." *Scandinavian Journal of Hospitality and Tourism* 8.1 (2008): 69–84.
- Massey, Doreen B. *Space, Place, and Gender*. Minneapolis: U of Minnesota, 1994.
- Mcfarlane, Colin, and Ben Anderson. "Thinking with Assemblage." *Area* 43.2 (2011): 162–64.
- Mcfarlane, Colin. "The City as Assemblage: Dwelling and Urban Space." *Environment and Planning D: Society and Space* 29.4 (2011): 649–71.
- Miller, Peter, and Nikolas Rose. "Governing Economic Life." *Economy and Society* 19.1 (1990): 1–31.
- Mitchell, Don. *The Right to the City: Social Justice and the Fight for Public Space*. New York: Guilford, 2003.
- Mol, Annemarie. *The Body Multiple: Ontology in Medical Practice*. Durham: Duke UP, 2002.
- Mol, Annemarie, Ingunn Moser, and Jeannette Pols. *Care in Practice: On Tinkering in Clinics, Homes and Farms*. Bielefeld: Transcript, 2010.
- Mol, Annemarie. *The Logic of Care: Health and the Problem of Patient Choice*. London: Routledge, 2008.
- Monbiot, George. "Brexit Is a Disaster, but We Can Build on the Ruins." *The Guardian*. Guardian News and Media, 28 June 2016. Web. 28 July 2016.
- Netto, N. R., G. Y. N. Jenny, and Y. L. K. Philip. "Growing and Gaining through Caring for a Loved One with Dementia." *Dementia* 8.2 (2009): 245–61.
- Olwig, Karen Fog. *Caribbean Journeys: An Ethnography of Migration and Home in Three Family Networks*. Durham: Duke UP, 2007.
- Pitt-Rivers, Julian. "The stranger, the guest and the hostile host: introduction to the study of the laws of hospitality". in *Contributions to Mediterranean sociology: Mediterranean rural communities and social change*. Ed. J. G. Peristiany, Mouton, London 1968.
- Park, Robert Ezra, E. W. Burgess, and Roderick Duncan McKenzie. *The City: Suggestions for Investigation of Human Behavior in the Urban Environment*. Chicago: U of Chicago, 1984.

- Redley, Marcus, and Darin Weinberg. 'Learning Disability and the Limits of Liberal Citizenship: Interactional Impediments to Political Empowerment'. *Sociology of Health & Illness* 29.5 (2007): 767–86.
- Rosello, Mireille. *Postcolonial Hospitality: The Immigrant as Guest*. Stanford, CA: Stanford UP, 2002.
- Samanani, Farhan. *Belonging on the Move: The Question of Clan amongst Somali Migrants*. Working paper no. WP-86-2104. Oxford: U of Oxford, 2014. IMI Working Papers.
- Sassen, S. "Whose City Is It? Globalization and the Formation of New Claims." *Public Culture* 8.2 (1996): 205–23.
- Sassen, Saskia. *The Global City: New York, London, Tokyo*. Princeton, NJ: Princeton UP, 1991.
- Shryock, Andrew. "Breaking Hospitality Apart: Bad Hosts, Bad Guests, and the Problem of Sovereignty." *Journal of the Royal Anthropological Institute* 18 (2012): S20-33.
- Walmsley, Jan. 'Organisations, Structures and Community Care, 1971-2001: From Care to Citizenship?' in *Community Care in Perspective*, Ed. John Welshman and Jan Walmsley. 2006. Basingstoke: Palgrave Macmillan.
- Winance, Myriam. "Care and Disability." in *Care in Practice: On Tinkering in Clinics, Homes and Farms*. Ed. Annemarie Mol, Ingunn Moser, and Jeannette Pols. Bielefeld: Transcript, 2010.